

was vetoed by the Governor of the state. His reasons for so doing were not popular at the time, and they are growing more unpopular as times goes by.

For the Governor's administration to now make an attempt to destroy by law what they refused to protect, because the situation is so hopelessly bad, will be another blunder, and place the Governor's administration in a more damaging light than it now is.

The "Doctor bill," as it was called, for the protection of those who are entitled to its use, as well as the protection of the public, will be again before the legislature. When this measure and a destructive one introduced by the administration on the same subject meet in the legislature, there ought to be further opportunity for assaying values.

We are convinced that such destructive legislation will never secure the endorsement of the majority of doctors who hold this enviable degree from good schools, and which they spent so many hard years of study and sacrifice to secure.

COUNTY HOSPITAL FEES

There is a gradual spread of the practice of county hospitals in California not only to charge patients fees, but to develop an ascending scale of fees. Leading the promotion and development of the idea are some of the largest and most prominent of the county hospitals, located in centers where there is not the excuse of insufficient number of beds in other hospitals.

Some of the plans and schemes that are employed in deciding how much these various grades of citizens shall pay would make a Russian Communist dizzy. They grade people like pigs, as a, b, c, d, etc.—classes with a lot of algebraic formulas with these letters to make them fit any pocketbook. In fact, some of these hospitals have already reached a plane whereby almost the only "free" service about them is the doctors' services. Some of them are reporting, apparently as something to be proud of, that they have only small percentages of patients who do not pay, and that this percentage is decreasing year by year.

Recent reports from several Eastern centers show that these "free" hospitals and other "charities" are collecting from 40 to 75 per cent of the costs of all their services from the people they are serving. They are beginning to point with pride to the millions they are collecting from those who the general public believe are getting free treatment.

What is called "business methods in charity" is swinging rapidly into a dangerous situation which, unless corrected, will produce unlooked for reactions. Some such reactions are already making themselves quite apparent in some centers where the operation of charity as a business is oldest.

Whatever one's opinion may be about religion, the first instance of permanent progress along lines contrary to the teachings of the Master has yet to be noted by historians. He spoke unmistakably and emphatically about "charity" and "the poor."

A SIGN OF THE TIMES

New Jersey doctors are much excited, and with good reason, over a bill pending in the Legislature to create a special health board called the Bureau of School Health, under the control of the Board of Education. As a sop to the medical profession, a "regular licensed practitioner of medicine" is to head this new bureau.

In discussing the proposal editorially, the Journal of the New Jersey Medical Society says:

"It is expected that the measure will have the backing of insurance, manufacturing, and lay health organizations. It will probably be opposed by the associations of physical education, teachers, who, in 1917, while the profession was unaware, had a program of physical education set up instead of a program of health, one of their number now being a pseudo-director.

"Every doctor should join the battle. Do we wish to be beaten by a crowd of 'gym' people? Shall the people be allowed to suffer to enable one 'gym' man to thwart public welfare? Every doctor should call upon or call up his legislators and urge the passage of the School Health Program bill."

Of course, to retain a health program of education and practice in the hands of a physician is important. But why have two boards?—one for school children from ? age to ? age, this board responsible to the educational authorities; the other the regular health board for the rest of our citizens, this board responsible to the usual Government authorities and to the public for the carrying forward of all phases of a better health program.

The real reasons why the New Jersey school authorities, and those of many other states moving in the same direction, want their own health board under their own orders are perfectly clear to any thinking person.

THE TWELVE-HOUR DAY FOR NURSES

To Californians it is almost like reading history to watch the controversy between doctors, nurses and hospitals and the public over the nurses, demands for a twelve-hour day. In Buffalo, New York, for example, the fight is bitter and aggressive.

The twelve-hour day, as it is called, is in quite general use in California and has been for some years. The exceptions are, that nurses will look after chronics and convalescents on a twenty-four-hour day basis, provided reasonable hours for recreation and sleep are provided. This, in our opinion, is as it should be. If nurses are really needed, and if they really work while on duty, twelve hours is rather more than less to ask of them. When there are only a few things to do for the patient at a certain few times during the twenty-four hours, one nurse can easily handle the task and, with a little reasonable understanding with the doctor, have plenty of time to sleep and look after her own health.

Most worthwhile nurses like to be kept "busy" while they are on duty, and to be free when not serving the sick.

The argument that, reducing a nurse's day to twelve hours will increase the cost of sickness, while probably a fact, is nevertheless no argument. Sick-

ness costs less also in a "firetrap" hospital, but no one would condemn fireproof buildings for hospitals on that basis.

No, nurses are not unreasonable in asking for a twelve-hour day. They were, and are, foolishly advised in using the methods they sometimes employ in bringing the shorter day about.

The costs of sickness ought to be, can be, and will be decreased somewhat by better organization, elimination of waste, substitution of necessities for luxuries in buildings, equipment and otherwise, but we should not try to fasten "sweatshop" methods upon any group of employees in order to make a showing.

It is not the twelve-hour day but other dangers, and some of them serious, that threaten the standing of this splendid and important technical group of the medical and health agencies. Of the many dangers that threaten, the most important and far-reaching is the overspecialization in nursing organizations and among individual nurses. The second greatest danger is, that too many nurses are so conducting themselves as to merit the designation of super-nurse, etc., that is being bestowed upon them in ever-widening circles.

With wise leadership among themselves, these and other pitfalls may be avoided. We hope they may and that the world may continue to hold nursing as the sacred service-loving calling that Florence Nightingale made it.

WHO IS RESPONSIBLE FOR THE CHILD?

Numerous educational and political documents now being issued from time to time make it perfectly apparent that many of our organizations consider control of the child a public duty rather than the responsibility of parents, which was the vogue when we were all youngsters. These organizations are making headway and it looks very much as if in the course of time they might win the point they are striving for.

We wonder how many people think what will happen after this point is gained.

One thing that already is happening is indicated by Mr. J. C. Astredo, probation officer of San Francisco, when he says, "THERE SEEMS TO BE A WILLINGNESS UPON THE PART OF PARENTS TO LET THE COMMONWEALTH ASSUME EVER-INCREASING RESPONSIBILITIES FOR THE CARE AND DIRECTION OF CHILDREN." Mr. Astredo is in a position to secure accurate data upon subjects of this character, and his fair-mindedness in presenting this data cannot be questioned. Statements of this kind cause those who are trying to push the nation headlong into a difficult situation to pause and consider what they are doing.

Many mothers need help and many children need help, but could we not plan so as to render assistance of whatever character to or through the mother and thus prop up and support the independence and integrity of the home? Surely our people, when they know the facts, are not ready to make of motherhood a "brooding plant" and the weaned child an exclusive responsibility of the commonwealth.

THE FORDS OF MEDICINE

Every so often some new genius discovers again the old, old formula that everybody can have expensive hospital and medical care except the "poor middle class." They say the rich can buy it and the poor can have it for nothing, but those "middle class" people can't pay present costs of doctors' service or hospitals.

Nearly every one of these financiers expects either that wealthy people will provide subsidies, that the costs of hospitals and doctors' fees be reduced, or that the state take over all hospital, and, consequently of course, all medical work. The answer, of course, is to first catch your bird.

Henry Ford decided that there were millions of poor "middle class" people—God bless them—who wanted, and therefore should be allowed, to ride in automobiles. By a combination of business genius, energy, and common sense he has been able to provide them a car. It travels and delivers its passengers at their destination, but it does not satisfy, and every owner wishes for a *better* car more intensely than he originally wished for *any* car.

The only possible way, except by gifts from persons or the state, by which hospital service and medical fees can be brought much below their present scale is, by doing what Ford did to automobiles—put cheap material together in a "standardized" plant and use unskilled drivers. Such tactics will neither satisfy the demands of the sick nor give the service they should have.

Handing the problem to the state does not decrease the cost. Good government hospitals cost every bit as much, and even more than others, to operate. There is plenty of voluntary sickness and health insurance offered by many reliable companies at premium rates that even the "poor middle class," which, by the way, include most physicians, can pay. Instead of wasting our time on economic absurdities, why not spend more effort in pointing out to people the available practical remedies that exist?

Henry Ford, be it remembered, tried the hospital game. He has a fine plant, which charges only quite moderate rates for service, *but* it takes a Ford to absorb the deficit.

A very large percentage of the people who can well afford to pay costs of sickness, and for luxuries if they want them, carry every form of sickness, accident, and health insurance. They do it as a good business policy. Why in the name of justice should not others who need such protection pay the small premiums it takes to carry it?

NEVADA MEDICAL ASSOCIATION

The annual meeting of the Nevada Medical Association will be held this year September 12 and 13, at Bowers Mansion near Reno. The committee having the arrangements in charge is already active, and is preparing a very attractive program, including some unusually promising social features.

Physicians interested in the development of the program should communicate promptly with the secretary, Claude E. Piersall, Masonic Temple, Reno.

The complete program of the session will be published in CALIFORNIA AND WESTERN MEDICINE in due course of time.